	Effective December 8, 2004												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS								RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		9	ASIC FEE	150.00	OR	BASIC FEE	300.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25=		OR	X\$50=		
INDEPENDENT CLAIMS			minus 3 =		•			X100=		OR	X200=		
MUL	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+180=			OR			
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	L	TOTAL	<u> </u>	OR			
CLAIMS AS AMENDED - PART II										10	OTHER	THAN	
		(Column 1)		(Colun	nn 2)	(Column 3)		MALL	ENTITY	OR	SMALL		
AMENDMENT A	1/24/06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
E I	Total	. 9	Minus	-21) .	• /	,	(\$ 25=		OR	X\$50=		
	Independent	• 3	Minus	(3	= /		(100=		OR	X200=	. / .	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' -	-180=		OR	+360≖		
							نا ۔	TOTAL		OR	TOTAL ADDIT, FEE	10	
		(Column 1)	•	(Colun	nn 2)	(Column 3)	-	OIT. FEE			AUDII. FEEI		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total -	*	Minus	**		#	>	\$ 25=		OR	X\$50=		
	Independent	•	Minus	***	O1 4144	-	ΙŢ	(100=	7	OR	X200=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DE	PENDENI	CLAIM		' [180=		OR	+360=		
			- ' -				AD!	TOTAL OIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		. (Colun	nn 2)	(Column 3)	_					•	
AMENDMENT C		CLAIMS REMAINING AFTER, AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA	f	RATE:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ.	Total	•	Minus	**		=	x	\$ 25=		OR	X\$50=		
	Independent	•	Minus	***			×	100=		OR	X200≖		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	180=		OR	+360=	4 4	
	the entry in colu	min 1 is less then th mber Previously Pa	e entry in co	umn 2, will	"O" in col	umn 3.	بنا	.TOTAL		OB	TOTAL	wa sasara a	
	me mignest Nui	mber Previously Pa mber Previously Pa	MITT IN IT	コン コアハレビ デ	COSS NAME	teu, σιαστ ευ.	· AM	NT. FEE		- T- T	ADDIT, FEE		

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